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ABSTRACT

State standards for certification in the area of Health Enhancement reflect a merger of the standards which traditionally have fallen into the separate disciplines of physical education and health education, thus requiring teachers to develop skills and knowledge in both disciplines. This study, a partnership between faculty at the University of Montana and faculty at Big Sky High School, looked at what teachers perceive to be the major health issues of adolescents today; whether there should be separate state standards for health education and physical education; the extent to which teachers are prepared in each of the stated areas; teachers' perceptions regarding the state standards areas; and whether there are specific areas included in the state standards in which teachers need more preparation. A series of three one-day workshops were scheduled in various locations throughout the state; 25 health enhancement teachers participated in the workshops. Data were collected through questionnaires, focus group interviews, and a wrap up session. Analysis of the data revealed three areas of concern: (1) imbalance in the professional preparation of health enhancement teachers so that skill and content areas related to physical education receive a higher priority than those relating to health education; (2) participants' conceptual understanding of Montana's Health Enhancement curriculum and perceived lack of preparation in several areas; and (3) significantly larger number of state standards in which participants felt marginally or unsatisfactorily prepared. Recommendations suggested by the findings included establishing a standardized curriculum, to be implemented by all state institutions, that accurately reflects current state standards; considering offering a series of seminars intended to clarify and promote the concept of health enhancement; and addressing lack of preparation by extending the current major to include additional credit hours to cover both disciplines, offering separate certifications in health education and physical education, or offering a major and minor emphasis in both health and physical education. Focus group interview questions and survey questionnaires are included in appendices. (ND)

The Professional Preparation and Development of Physical and Health Educators

ED 392 748

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A paper presented to the Certification Standards and Practices Advisory Council and the State of Montana Board of Public Education, January 11, 1996, Helena, Montana. This paper includes the results and recommendations of field-based research pertaining to the professional preparation and development of Montana Health Enhancement teachers funded via a grant sponsored by CSPAC.

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INTRODUCTION/DESCRIPTION

Health education and physical education have been combined under a new mandate which has created a "Health Enhancement" curriculum in Montana. This seemingly convenient marriage of disciplines, however, may have resulted from confusion rather than comprehension. This confusion is understandable because early leadership in physical education was provided by physicians who recognized the importance of exercise in promoting health. In 1884, 61 percent of the leading colleges taught hygiene; in fact, many of the early departments used the title, "Hygiene and Physical Education (Van Dalen, Mitchell & Bennett, 1953). At the turn of the century, communicable disease became an alarming concern for a rapidly growing America. In the days of infectious diseases, physical education classes were the ideal place to teach about good health habits, nutrition, cleanliness, and grooming practices. When health education mainly consisted of hygiene education, state legislators and boards of education thought of health and physical education as a single entity and laws often spoke of both in requiring the one (Pollack & Hamburg, 1985).

Today, however, school health programs are dramatically different. The emphasis is on current health issues affecting children and adolescents such as alcohol, other drug abuse, sexually transmitted diseases, teen pregnancy, HIV/AIDS prevention, and a host of other issues that are far removed from the focus on hygiene and from the current physical education curriculum. Despite the profound changes in the focus of health education, the notion still persists that since physical education is intended to promote health, physical educators are well qualified to teach health.

The hard realization is that the day when preparation in two such exacting disciplines could be effectively and conveniently combined is long past. The course work required of physical educators is profoundly different from that designed to prepare health educators. Neither group is prepared to teach in the other's field. Although both are concerned with health promotion, and their goals are surely complementary in effect, **neither their body of knowledge nor their methods are interchangeable.**

For these reasons, many states have moved toward separate certification in the disciplines of health education and physical education. The most recent assessment of state policies in health education reports that 49 states (96%) offered certification for secondary health teachers. Of these 49 states, 24 offered both separate and dual certification in health education and physical education, 18 offered separate certification in health education, 5 states offered dual certification in health and physical education, and two states did not respond (School Health in America, 1994).

Montana is among the five states failing to offer separate certification by combining certification of the two disciplines under the umbrella of "Health Enhancement." State standards for certification in the area of Health Enhancement reflect a merger of the standards which traditionally have fallen into separate disciplines. These standards attempt to insure that teachers will develop skills and knowledge in both disciplines. The effective implementation of these standards becomes critical for both professions which fall under frequent attack during tough economic times from those propagating "back to basics." Since the quality of health education programs and the quality of physical education programs depend primarily on the quality of the individual teaching the classes, it is imperative that teacher education be highly effective in producing outstanding professionals in both fields.

The questions we sought to answer regarding state standards were: 1) how are the current state standards translated into practice in professional preparation programs in Montana?; and 2) is it possible to combine the disciplines of health education and physical education and continue to offer quality professional preparation in each discipiine?

Specifically, this study explored the following questions:

1) What do teachers perceive to be the major health issues of adolescents today?

2) Should there be separate state standards for health education and physical education?

3) To what extent are teachers prepared in each of the state standard areas.

4) What are teachers perceptions regarding the importance of each of the state standard areas?

5) Are there specific areas included in the state standards in which teachers need more preparation?

METHODS

This study represented a partnership between faculty at the University of Montana and faculty at Big Sky High School.

Data for this study were collected through the following process:

Workshop Overview

A series of three one day workshops were scheduled in various locations throughout the state during the month of September, 1995. Missoula, Billings, and Great Falls were chosen as sites

because they were easily accessible to teachers from various regions in the state. A total of 25 health enhancement teachers participated in the workshops. The morning of the workshop, participants completed a questionnaire regarding current state standards (included in appendix A). Data from the questionnaire addressed research questions #3 and #4. The afternoon session involved a focus group interview, and a wrap up session. Data from this session addressed research questions #1, #2 and #5.

Montana Teacher Education Program Standards Assessment Instrument

A questionnaire was developed based on current Montana state standards for Health Enhancement. The instrument, utilizing a five point Likert Scale, consisted of two sections. In the first section, the participants were asked, based on their experiences as students in their teacher education programs, to indicate how well they were prepared in each of the state standard areas. In section two, they were asked, based on their experiences as teachers, to indicate how important they perceived each standard to be (see appendix A).

Focus Group Interviews

The afternoon session involved a focus group interview. A focus group interview is a group session method employed to explore insights of target audiences about a specific topic. In this method, the investigators convene a group of people representative of the population of interest and, using a detailed protocol of sequenced questions and probes, collects information that is often difficult, if not impossible, to obtain via questionnaires or other data collecting methods. Focus groups allow an investigator to get more detailed information than is possible from other methods because the protocol is designed to ask open-ended in depth questions. The interviewer can deviate from the protocol to follow up on points that arise in discussion, and multiple respondents are present who can stimulate one another's thoughts on the topic of discussion.

The following protocol, recommended by Winsor, et.al. (1994), was used in developing and conducting the focus group interviews:

1) A specific set of interview questions were formulated (appendix B).

2) The questionnaire completed by the participants earlier in the day was used to generate initial thoughts on the topic. The **State Standards Questionnaire** gave participants time to reflect upon the validity of those standards and of their educational experience.

3) Media used to generate discussion included interview questions written on a large portable flip chart; main ideas generated from the discussion were summarized on the flip chart.

5) A researcher experienced in group process, interview process, and teaching facilitated the interview. One other researcher acted as the recorder/observer.

6) Information was extracted from the discussions in a reliable and valid manner. However, because of the limitations in focus group method, data obtained should be considered suggestive, identifying a variety of possible answers to the research questions, rather than as definitive data.

Following the focus groups, teachers were given the opportunity to share concerns or other ideas. A summary of the data from both the questionnaire and the interviews will be made available to each participant.

Participant Selection

An introductory letter was sent to health enhancement teachers at all secondary schools in Montana. Those interested in participating were asked to return an enclosed form. Initial response included approximately 60 teachers. The final participants (n=25) were selected based on the region of the state in which they taught. In addition, an effort was made to obtain representatives from each region of the state and to identify teachers who were certified in health and physical education and were known for their interest in their profession. Workshop participants were provided with substitute teachers, travel costs, meals, and pre-workshop lodging.

RESULTS

Twenty five health enhancement professionals participated in the workshops. Based on the data collected from both the questionnaire and focus group interviews, the following analysis addresses the specific questions this study set out to explore.

1. What Do Teachers Perceive to be the Major Health Issues of Adolescents Today?

The predominant health issues emerging from focus group discussions included: 1) drug abuse -- tobacco, alcohol, marijuana, steroids, crack cocaine, and prescription drugs; 2) teen sexuality -- pregnancy. sexually transmitted diseases, HIV/AIDS, and homosexuality; 3) eating disorders -- anorexia, bulimia, compulsive over eating, and chronic dieting; 4) suicide; 5) violence -- sexual abuse, guns, verbal and physical abuse, gangs, and anger; 6) nutrition -- lack of balanced diet; and 7) stress.

2. Should There Be Separate State Standards for Health Education and Physical Education?

Responses to this question varied as is evidenced by the following remarks: 1) there should be separate elementary and secondary standards; 2) an extended K-12 major in health and physical education is needed; 3) both areas encompass too much curriculum, need separate certification; 4) would love teaching according to separate standards as I want to teach physical education only; 5) good to have the option of combined certification, but it would be advantageous to separate; 6) never taught health before I taught health enhancement.

Generally speaking, discussions revolved around the theme of ideal versus real. In other words, though the majority of participants ideally supported the notion of separate certification, the general consensus revealed concern over the employability of a teacher with a single certification in either health or physical education given the current political and economic climate.

3. To What Extent Are Teachers Prepared in Each of the State Standard Areas?:

As reported in Table 1, based on mean scores derived from our Likert Scale with 1 representing "not prepared" and 5 representing "well prepared", data analysis indicated that out of 40 state standards, those with a mean score of 4.0 or higher, indicating a **higher level of preparation**, include:

* Team sports & games (4.44)
* First Aid & emergency care/including certification (4.40)
* Individual & dual sports (4.28)
* Study of anatomy, physiology, exercise physiology, and movement analysis (4.28)
* Fundamental motor skills & exercises (4.08)

Those standards with a mean score between 3.0 - 4.0, indicating **adequate preparation**, include:

* Movement exploration & tumbling (3.64)
* Mass games & activities (3.56)
* Rhythms & Dance (3.52)
* Nutrition, including weight control, food fads, diet supplements, and eating disorders (3.24)
* Physical, social, and emotional hazards of drugs, alcohol, and tobacco (3.04)
* Outdoor recreation (3.00)
* Safety, including outdoor, water, home & traffic (3.00)

Table 1: PROFESSIONAL PREPARATION AND IMPORTANCE OF STATE STANDARDS		
STATE STANDARD	PROFFESIONAL PREPARATION (MEAN SCORE)	PERCEIVED IMPORTANCE (MEAN SCORE)
emotional & mental health	2.12	4.32
Physical, social, & emotional hazards of drugs, alcohol & tobacco	3.04	4.68
Physical & emotional aspects of human sexuality	1.84	4.60
chronic & communicable diseases & disease prevention	2.32	4.52
Consumer health including the evaluation of health products & services	1.92	3.48
The study of anatomy, physiology, exercise physiology & movement analysis	4.28	3.96
Nutrition, including weight control, food fads, diet supplement & eating disorders	3.24	4.56
conditioning methods & techniques, applying the overload principle as they related to growth & maturation	2.92	3.88
Role modeling as it pertains to a healthy life style & its impact on society	2.64	4.00
Community and environmental health, including sanitation and pollution	2.16	3.48
Chronic & communicable diseases, & disease prevention	2.42	4.16
consumer health education, including the ethical use of benefit plans & health care services	1.92	3.20
Medical ethical issues as they relate to the availability of technology and procedures for society at large	1.52	3.04
basic communication and counseling skills	2.32	4.08
Assertiveness	2.28	3.84
Building self-esteem/self concept	2.44	4.60
stress management	2.00	4.04
Conflict resolution	1.63	3.68
Ethical decision making	2.00	3.48
Identification of obstacles to learning & referral	1.88	3.33
Fundamental motor skills & exercises	4.08	4.40
Movement exploration & tumbling	3.64	3.96
Individual & dual sports	4.28	4.64

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Table 1: PROFESSIONAL PREPARATION AND IMPORTANCE OF STATE STANDARDS		
Team sports & games	4.44	4.36
Mass games & activities	3.56	3.96
Rhythms & dance	3.52	3.84
Outdoor recreation	3.00	3.84
Native American games & activities	1.16	2.92
The relationship of health enhancement to the total curriculum	1.88	4.24
Maintenance of facilities: the selection purchase & care of equipment & supplies	1.92	3.68
organization & administration of intramural, recreational, & interscholastic programs	2.80	3.60
Good public relations skills in interpreting the health enhancement curriculum	1.80	4.08
Aspects of liability potential & insurance or other forms of risk sharing or pooling	2.04	3.83
Student & program assessment	2.48	4.08
Administration of programs	2.00	3.64
Identification of common physical & mental exceptionalities	2.28	3.88
Prescription of adapted programs specific to individual exceptionalities	2.40	3.88
Language arts skills	2.33	3.66
First aid & emergency care including required certification in first aid & CPR	4.40	4.72
Safety, including outdoor, water, home & traffic	3.00	4.28

LEGEND

PROFESSIONAL PREPARATION

4.0 - 5.0 = high level/preparation
3.0 - 4.0 = adequate
2.0 - 3.0 = marginal
1.0 - 2.0 = unsatisfactory

PERCEIVED IMPORTANCE

4.0 - 5.0 = high level/importance
3.0 - 4.0 = moderate
2.0 - 3.0 = insignificant

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Those standards with a mean score between 2.0 - 3.0, indicating **marginal preparation**, include:

* Conditioning methods & techniques (2.92)
* Organization & administration of intramural, recreational, and interscholastic programs (2.80)
* Role modeling as it pertains to a healthy lifestyle and its impact on society (2.64)
* Student & program assessment (2.48)
* Building self-esteem/self concept (2.44)
* Chronic and communicable diseases & disease prevention (2.42)
* Prescription of adapted programs specific to individual exceptionalities (2.40)
* Language art skills (2.33)
* Basic communication & counseling skills (2.32)
* Identification of common physical & mental exceptionalities (2.28)
* Assertiveness (2.28)
* Community and environmental health, including sanitation and pollution (2.16)
* Emotional & mental health (2.12)
* Aspects of liability potential and insurance or other forms of risk sharing or pooling (2.04)
* Administration of programs (2.0)
* Stress management (2.0)
* Ethical decision making (2.0)

Those standards with a mean score between 1.0 - 2.0, indicating **unsatisfactory preparation**, include:

* Maintenance of facilities; the selection, purchase and care of equipment and supplies (1.92)
* Consumer health, including the evaluation of health products and services (1.92)
* Consumer health, including the ethical use of benefit plans and health care services (1.92)
* Identification of obstacles to learning & referral (1.88)
* Relationship of health enhancement to total curriculum (1.88)
* Physical and emotional aspects of human sexuality (1.84)
* Good public relations skills in interpreting the health enhancement curriculum (1.80)
* Conflict resolution (1.63)
* Medical ethical issues as they relate to the availability of technology and procedures for society at large (1.52)
* Native American games & activities (1.16)

4. What are Teachers Perceptions Regarding the Importance of Each of the State Standard Areas?

Also reported in Table 1, based on mean scores derived from our Likert Scale with 1 representing "not important" and 5

representing "very important", data analysis indicated that out of 40 state standards, those with a mean score of 4.0 or higher, indicating a **higher level of importance**, include:

* First Aid & emergency care/including certification (4.72)
* Physical, social, and emotional hazards of drugs, alcohol, and tobacco (4.68)
* Individual & dual sports (4.64)
* Physical and emotional aspects of human sexuality (4.60)
* Building self-esteem/self concept (4.60)
* Nutrition, including weight control, food fads, diet supplements, and eating disorders (4.56)
* Chronic and communicable diseases & disease prevention (4.52)
* Fundamental motor skills & exercises (4.40)
* Team sports & games (4.36)
* Emotional & mental health (4.32)
* Safety, including outdoor, water, home & traffic (4.28)
* Relationship of health enhancement to total curriculum (4.24)
* Student & program assessment (4.08)
* Good public relations skills in interpreting the health enhancement curriculum (4.08)
* Basic communication & counseling skills (4.08)
* Stress management (4.04)
* Role modeling as it pertains to a healthy lifestyle and its impact on society (4.00)

Those standards with a mean score between 3.0 - 4.0, indicating **a moderate level of importance**, include:

* Study of anatomy, physiology, exercise physiology, and movement analysis (3.96)
* Mass games & activities (3.96)
* Movement exploration & tumbling (3.96)
* Identification of common physical & mental exceptionalities (3.88)
* Prescription of adapted programs specific to individual exceptionalities (3.88)
* Conditioning methods & techniques (3.88)
* Rhythms & Dance (3.84)
* Assertiveness (3.84)
* Outdoor recreation (3.84)
* Aspects of liability potential and insurance or other forms of risk sharing or pooling (3.83)
* Conflict resolution (3.68)
* Maintenance of facilities; the selection, purchase and care of equipment and supplies (3.68)
* Language art skills (3.66)
* Administration of programs (3.64)
* Organization & administration of intramural, recreational, and interscholastic programs (3.60)

* Consumer health, including the evaluation of health products and services (3.48)
* Community and environmental health, including sanitation and pollution (3.48)
* Ethical decision making (3.48)
* Identification of obstacles to learning & referral (3.33)
* Consumer health, including the ethical use of benefit plans and health care services (3.20)
* Medical ethical issues as they relate to the availability of technology and procedures for society at large (3.04)

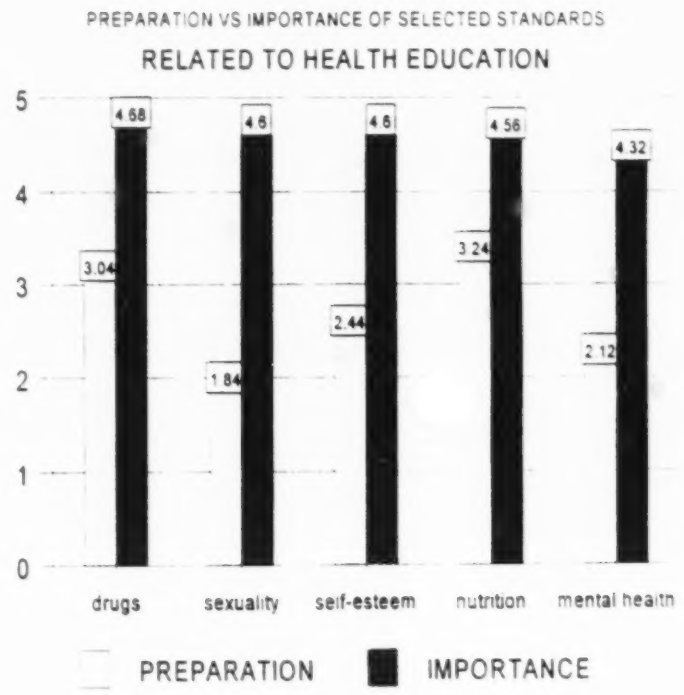
The standard with a mean score between 2.0 - 3.0, indicating **marginal importance**, is:

* Native American games & activities (2.92)

5. Are There Specific Areas Included in the State Standards in which Teachers Need More Preparation?

Responses regarding inadequate preparation primarily revolved around health education topics such as: 1) environmental health; 2) death & dying; 3) sexuality; 4) mental & emotional health; 5) consumer health; 6) nutrition; and 7) sexual harassment. In general, the participants felt that while the state standards were addressed during teacher preparation, the depth of coverage of most health related areas was minimal at best. Figure 1 illustrates the difference between perceived level of preparation versus importance in selected health education standards. The standards chosen are those which were considered most important by the participants, yet preparation was reported as being minimal at best.

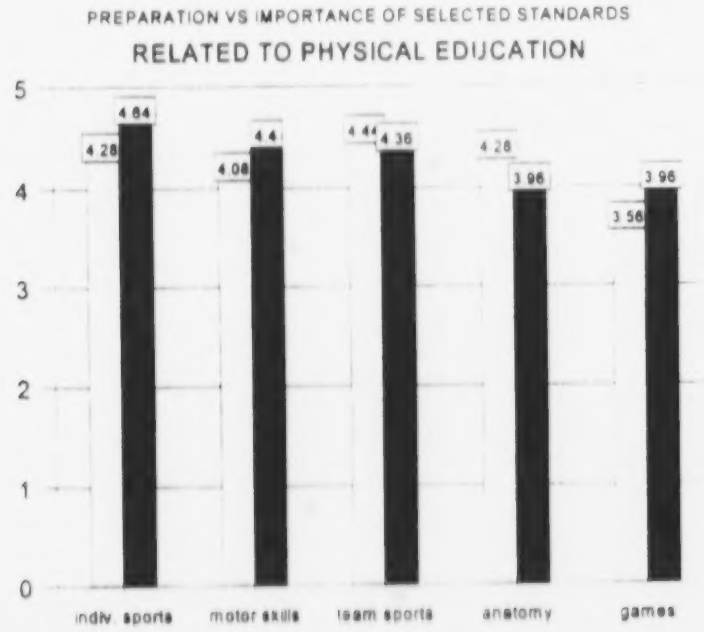
FIGURE 1



CONCLUSIONS

After careful consideration of the data collected from both the focus group interviews and the Montana Teacher Education Program Standards Assessment Instrument, three areas of concern warrant discussion. The first area of concern involves the **imbalance in the professional preparation of health enhancement teachers**. In other words, it appears that skill and content areas related to physical education receive a higher priority in teacher education programs than those generally associated with health education. Figure 2, for example, illustrates that those areas considered most important in physical education were also those are[illegible] which the participants felt most prepared. On the other [illegible]and,

FIGURE 2

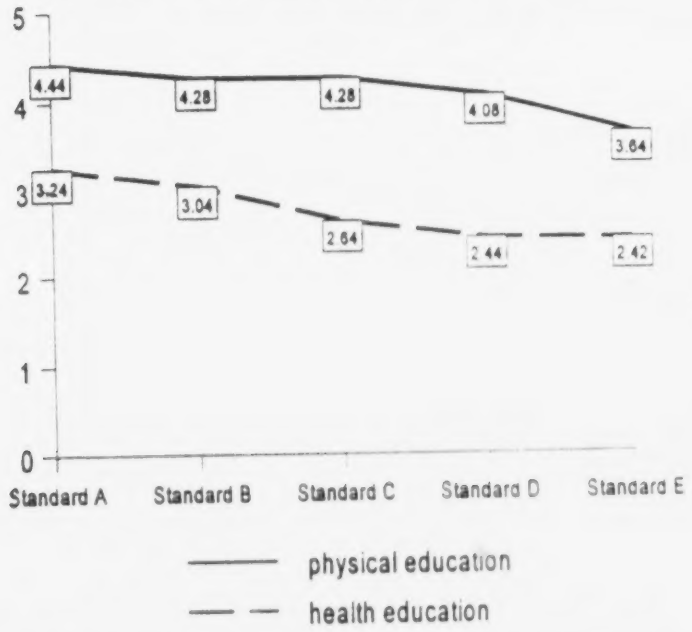


the focus group participants repeatedly expressed concern regarding their inability to teach health related topics due to inadequate preparation. This concern is supported by the questionnaire data which indicates a higher level of preparation in physical education skill and content areas (see results section, question #3). Figure 3 further substantiates the imbalance whereby those state standards measuring the highest mean averages in both health and physical education are contrasted. In short, Figure 3 illustrates the discrepancy between feeling most prepared when comparing physical education versus health related standards.

FIGURE 3

PERCEPTIONS OF PROFESSIONAL PREPARATION IN AREAS

RELATED TO PHYSICAL EDUCATION VS HEALTH ED



State Standards given the highest ratings for professional preparation in the areas of physical education and health education.

PHYSICAL EDUCATION:
A = Team Sports
B = Individual & Dual Sports
C = Anatomy & Physiology
D = Motor Skills & Exercises
E = Movement Exploration & Tumbling

HEALTH EDUCATION
A = Nutrition, Food Fads, Eating Disorders
B = Hazards of Drugs, Alcohol, & Tobacco
C = Role Modeling as it Pertains to A Healthy Lifestyle
D = Building Self-esteem/Self Concept
E = Disease Prevention

The second area of concern relates to **the participants conceptual understanding of Montana's Health Enhancement curriculum**. When identifying those areas in which the participants felt the least prepared, two standards surfaced as reason for alarm. Out of 40 state standards, the only two areas addressing the conceptual nature of Health Enhancement received some of the lowest scores. Participants felt unsatisfactorily prepared in: 1) understanding the relationship of Health Enhancement to the total curriculum and, 2) possessing the necessary skills in interpreting the health enhancement curriculum, scoring mean averages of 1.88 and 1.80 respectively (refer to Table 1). Though reporting a lack of preparation in both areas, participants clearly recognized the importance of both state standards as indicated by mean average scores of 4.24 and 4.08.

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The final area of concern involves the **significantly large number of state standards in which participants felt marginally or unsatisfactorily prepared**. Out of 40 state standards, participants reported being marginally or unsatisfactorily prepared in 27, representing 68% of the total. In contrast, participants felt prepared in only 32% (refer to Table 1). Interestingly enough, participants also reported that 39 out of 40 state standards were considered important.

DISCUSSION AND RECOMMENDATIONS

State standards for certification in the area of Health Enhancement reflect a merger of the standards which have traditionally fallen into the separate disciplines of physical education and health education. If Health Enhancement is to be a workable concept then changes must occur in the manner in which the state approaches teacher preparation.

The State of Montana must address the obvious imbalance in teacher preparation. Our data clearly indicates that current health enhancement teachers feel more qualified to teach physical education than health education. The state of Montana must ensure that all health enhancement teachers receive a balanced education in both disciplines. **RECOMMENDATION #1:** Establish a standardized curriculum, to be implemented by all state institutions, that accurately reflects current state standards. As a second choice, the state could take a more active and assertive role in ensuring current state standards are being met on more than a cursory basis.

A second area the State of Montana must address is the apparent lack of conceptual understanding of health enhancement by current teachers. In other words, the teachers participating in this study failed to recognize the relationship of health enhancement to the total curriculum as well as indicating their inability to interpret the health enhancement curriculum. **RECOMMENDATION #2**: The state should consider offering a series of seminars intended to clarify and promote the concept of health enhancement. These seminars would be particularly valuable to teachers who graduated prior to the health enhancement mandate.

The final, and perhaps most significant area of concern, is the inordinate number of state standards in which participants felt marginally or unsatisfactorily prepared. Such findings are not surprising knowing that current graduates of health enhancement programs are expected to possess the expertise to teach at the elementary, middle school and secondary levels in two and exacting disciplines. In other words, we are essentially asking potential health enhancement teachers to prepare themselves for two comprehensive majors in the same time frame traditionally

fashioned for one. **RECOMMENDATION #3**: This recommendation presents three choices: 1) extend the current major in health enhancement to include additional credit hours to adequately cover all material associated with both disciplines, 2) offer separate certifications in health education and physical education, 3) offer a major and minor emphasis in both health and physical education.

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APPENDIX A

FOCUS GROUP INTERVIEW
PROPOSED INTERVIEW SCHEDULE

1. WHAT DO YOU PERCEIVE TO BE THE MAJOR HEALTH ISSUES OF ADOLESCENTS TODAY?

2. SHOULD THERE BE SEPARATE STATE STANDARDS FOR HEALTH EDUCATION AND PHYSICAL EDUCATION?

3. ARE THERE SPECIFIC AREAS INCLUDED IN THE STATE STANDARDS IN WHICH TEACHERS NEED MORE PREPARATION?

4. WHAT ADVICE OR INFORMATION WOULD YOU LIKE TO GIVE EDUCATORS WHO ARE PREPARING FUTURE HEALTH ENHANCEMENT TEACHERS?

APPENDIX B

MONTANA TEACHER EDUCATION PROGRAM STANDARDS
ASSESSMENT INSTRUMENT

DIRECTIONS: This questionnaire consists of two sections. In the first section you will be asked, based on your experience as a student in your teacher education program, to indicate how well you were prepared in each of the state standard areas. In section two of the questionnaire you will be asked, based on your experience as a teacher, to indicate how important you perceive each standard to be.

Please circle the number that most accurately reflects your perceptions of your professional preparation. Circling a "1" indicates that you did not feel prepared in that area. Circling a "5" indicates that you felt very well prepared.

SECTION I: PROFESSIONAL PREPARATION

Please indicate the degree to which your teacher education program prepared you to be competent in the delivery and evaluation of planned learning activities which are developmental and sequential in the areas of:

	not prepared				well prepared
1. emotional and mental health	1	2	3	4	5
2. physical, social, and emotional hazards of drugs, alcohol and tobacco	1	2	3	4	5
3. physical & emotional aspects of human sexuality	1	2	3	4	5
4. chronic & communicable diseases and disease prevention	1	2	3	4	5
5. consumer health including the evaluation of health products and services	1	2	3	4	5
6. the study of anatomy, physiology, exercise physiology & movement analysis	1	2	3	4	5
7. nutrition, including weight control, food fads, diet supplements and eating disorders	1	2	3	4	5

		not prepared				well prepared
8.	conditioning methods and techniques, applying the overload principle as they relate to growth & maturation	1	2	3	4	5
9.	role modeling as it pertains to a healthy life style and its impact on society	1	2	3	4	5
10.	community and environmental health, including sanitation and pollution	1	2	3	4	5
11.	chronic & communicable diseases, and disease prevention	1	2	3	4	5
12.	consumer health education, including the ethical use of benefits plans and health care services	1	2	3	4	5
13.	medical ethical issues as they relate to the availability of technology and procedures for society at large	1	2	3	4	5

Please indicate the degree to which your teacher education program provided you with knowledge and skills to teach prevention and intervention strategies.

		not prepared				well prepared
1.	basic communication and counseling skills	1	2	3	4	5
2.	assertiveness	1	2	3	4	5
3.	building self-esteem/self concept	1	2	3	4	5
4.	stress management	1	2	3	4	5
5.	conflict resolution	1	2	3	4	5
6.	ethical decision making	1	2	3	4	5
7.	identification of obstacles to learning and referral	1	2	3	4	5

Please indicate the degree to which your teacher education program provided you with an exposure to activities in the psychomotor domain.

	not prepared				well prepared
1. fundamental motor skills and exercises	1	2	3	4	5
2. movement exploration and tumbling	1	2	3	4	5
3. individual and dual sports	1	2	3	4	5
4. team sports and games	1	2	3	4	5
5. mass games and activities	1	2	3	4	5
6. rhythms and dance	1	2	3	4	5
7. outdoor education	1	2	3	4	5
8. Native American games and activities	1	2	3	4	5

Please indicate the degree to which your teacher education program provided you with knowledge and skill in organizing, planning, administering and evaluating the total health enhancement curriculum.

	not prepared				well prepared
1. the relationship of health enhancement to the total curriculum	1	2	3	4	5
2. maintenance of facilities: the selection, purchase and care of equipment and supplies	1	2	3	4	5
3. organization and administration of intramural, recreational, and interscholastic programs	1	2	3	4	5
4. good public relations skills in interpreting the health enhancement curriculum	1	2	3	4	5
5. aspects of liability potential and insurance or other forms of risk sharing or pooling	1	2	3	4	5
6. student and program assessment	1	2	3	4	5

Please indicate the degree to which your teacher education program provided you with competence in working with students with disabilities.

	not prepared				well prepared
1. administration of programs	1	2	3	4	5
2. identification of common physical and mental exceptionalities	1	2	3	4	5
3. prescription of adapted programs specific to individual exceptionalities	1	2	3	4	5

Please indicate the degree to which your teacher education preparation program provided you with the ability to relate the importance and appropriate use of language arts skills to the health enhancement program.

not prepared				well prepared
1	2	3	4	5

Please indicate the degree to which your teacher education preparation program provided you with knowledge of principles, standards and procedures of safety.

	not prepared				well prepared
1. first aid and emergency care including required certification in First Aid and CPR.	1	2	3	4	5
2. safety, including outdoor, water, home and traffic	1	2	3	4	5

SECTION II: TEACHERS PERCEPTIONS THE IMPORTANCE OF STATE STANDARDS

Based on your experience as a teacher, indicate how important you perceive each of the following state standards to be.

How important do you perceive it is to be competent in the delivery and evaluation of planned learning activities which are developmental and sequential in the areas of:

		not important				very important
1.	emotional and mental health	1	2	3	4	5
2.	physical, social, and emotional hazards of drugs, alcohol and tobacco	1	2	3	4	5
3.	physical & emotional aspects of human sexuality	1	2	3	4	5
4.	chronic & communicable diseases and disease prevention	1	2	3	4	5
5.	consumer health including the evaluation of health products and services	1	2	3	4	5
6.	the study of anatomy, physiology, exercise physiology & movement analysis	1	2	3	4	5
7.	nutrition, including weight control, food fads, diet supplements and eating disorders	1	2	3	4	5
8.	conditioning methods and techniques, applying the overload principle as they relate to growth & maturation	1	2	3	4	5
9.	role modeling as it pertains to a healthy life style and its impact on society	1	2	3	4	5
10.	community and environmental health, including sanitation and pollution	1	2	3	4	5

11.	chronic & communicable diseases. and disease prevention	1	2	3	4	5
12.	consumer health education. including the ethical use of benefits plans and health care services	1	2	3	4	5
13.	medical ethical issues as they relate to the availability of technology and procedures for society at large.	1	2	3	4	5

How important do you perceive it is to possess the knowledge and skills to teach prevention and intervention strategies.

		not important				very important
1.	basic communication and counseling skills	1	2	3	4	5
2.	assertiveness	1	2	3	4	5
3.	building self-esteem/self concept	1	2	3	4	5
4.	stress management	1	2	3	4	5
5.	conflict resolution	1	2	3	4	5
6.	ethical decision making	1	2	3	4	5
7.	identification of obstacles to learning and referral	1	2	3	4	5

How important do you perceive it is to possess an understanding of the skills used to observe, analyze, prescribe and manage student learning in a wide variety of activities including:

		not important				very important
1.	fundamental motor skills and exercises	1	2	3	4	5
2.	movement exploration and tumbling	1	2	3	4	5

		not important				very important
3.	individual and dual sports	1	2	3	4	5
4.	team sports and games	1	2	3	4	5
5.	mass games and activities	1	2	3	4	5
6.	rhythms and dance	1	2	3	4	5
7.	outdoor education	1	2	3	4	5
8.	Native American games and activities	1	2	3	4	5

How important do you perceive it is to possess skill in organizing, planning, administering and evaluating the total health enhancement curriculum.

		not important				very important
1.	the relationship of health enhancement to the total curriculum	1	2	3	4	5
2.	maintenance of facilities: the selection, purchase and care of equipment and supplies	1	2	3	4	5
3.	organization and administration of intramural, recreational, and interscholastic programs	1	2	3	4	5
4.	good public relations skills in interpreting the health enhancement curriculum	1	2	3	4	5
5.	aspects of liability and insurance	1	2	3	4	5
6.	student and program assessment	1	2	3	4	5

How important do you perceive it is to possess competence in working with students with disabilities.

	not important				very important
1. administration of programs	1	2	3	4	5
2. identification of common physical and mental exceptionalities	1	2	3	4	5
3. prescription of adapted programs specific to individual exceptionalities	1	2	3	4	5

Please indicate how important you perceive it is to have the ability to relate the importance and appropriate use of language arts and skills to the health enhancement program.

not important					very important
1	2	3	4	5	

How important do you perceive it is to possess knowledge of principles, standards and procedures of safety.

	not important				very important
1. first aid and emergency care including required certification in First Aid & CPR.	1	2	3	4	5
2. safety, including outdoor, water, home and traffic	1	2	3	4	5